

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND
1	/	/					51			
2		/					52			
3		/					53			
4		/					54			
5		/					55			
6		/					56			
7		/					57			
8		/					58			
9		/					59			
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12		/					62			
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23		/					73			
24		/					74			
25	/						75			
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36		/					86			
37		/					87			
38		/					88			
39		/					89			
40		/					90			
41		/					91			
42		/					92			
43		/					93			
44		/					94			
45		/					95			
46		/					96			
47		/					97			
48		/					98			
49		/					99			
50		/					100			
TOTAL IND.	2						TOTAL IND.			
TOTAL DEP.	46						TOTAL DEP.			
TOTAL CLAIMS	48						TOTAL CLAIMS			